Schedule of Construction Costs

Total Qualified Rehabilitation Expenses

The following qualified rehabilitation expenses were incurred at the real property located at [ADDRESS] in [CITY], Virginia during the period of [PROJECT START DATE] through [PROJECT COMPLETION DATE]

| Expense | Total Construction Costs Incurred | Non-eligible State Tax Credit Basis | Eligible State Historic Tax Credit Basis |
|--------------------------------|---|---|--|
| Concrete | | | |
| Structural | | | |
| Masonry | | | |
| Metals | | | |
| Rough Carpentry | | | |
| Finish Carpentry | | | |
| Insulation | | | |
| Roofing | | | |
| Doors | | | |
| Windows | | | |
| Drywall/Plaster | | | |
| Flooring | | | |
| Tile | | | |
| Painting | | | |
| Plumbing | | | |
| HVAC | | | |
| Electrical | | | |
| Elevators | | | |
| Specialties | | | |
| Cabinets | | | |
| Appliances | | | |
| Excavation | | | |
| Site Utilities | | | |
| Site Work/Landscaping | | | |
| General Requirements | | | |
| Contractor's Overhead | | | |
| Contractor's Profit | | | |
| Other: | | | |
| Total Construction Costs | | | |
| Less Costs Related to Addition | | | |